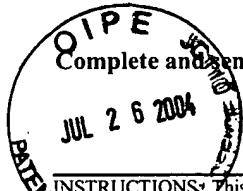


07-27-04

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**
Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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25291 7590 06/10/2004

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FIVE GIRALDA FARMS
MADISON, NJ 07940

07/28/2004 DEMMANU 00000025 071060 09677021

 01 FC:1501 1330.00 DA
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

PLEASE SEE BELOW...

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/677,021	09/29/2000	Jasbir S. Seehra	GI-5324 P1	1625

TITLE OF INVENTION: INHIBITORS OF PHOSPHOLIPASE ENZYMES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/10/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
SHAMEEM, GOLAM M	1626		514-415000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Joseph M. Mazzarese

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Genetics Institute, LLC

Madison, New Jersey 07940

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 15 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1660 (enclose an extra copy of this form).

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(Authorized Signature) *Joseph M. Mazzarese* (Date) July 26, 2004

Joseph M. Mazzarese Reg. No. 32,803

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Cecilia Cheddell (Depositor's name)*Cecilia Cheddell* (Signature)

(Date)

July 26, 2004

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